

**SWEDISHAMERICAN HOSPITAL**  
**Financial Assistance Policy**  
**Plain Language Summary**

SwedishAmerican Hospital and SwedishAmerican Medical Center Belvidere (referred to in this Summary as the “Hospital”) provide emergency and medically necessary health care services to patients residing in Illinois regardless of their ability to pay. Under the Financial Assistance Policy, a patient of the Hospital (including the Regional Cancer Center and all outpatient departments) who lives in Illinois may receive financial assistance ranging from a partial discount to a full write-off of medical bills for certain hospital services if he or she meets the eligibility requirements.

**A. Eligibility Requirements.**

A patient who lives in Illinois is eligible for financial assistance if:

1. He or she is uninsured and received Medically Necessary Care or Emergency Care;

- “Medically Necessary Care,” means any inpatient or outpatient hospital service, including pharmaceuticals and supplies, provided by the Hospital to a patient covered by Medicare for beneficiaries with the same clinical presentation as the uninsured patient.
- “Emergency Care” means services without which a) the patient’s health will be placed in serious jeopardy; or b) the patient might experience serious impairment to bodily functions or serious dysfunction to a bodily organ.

2. He or she is a Self-pay Patient, other than an uninsured patient and received Emergency Care;

- A “Self-pay Patient” is someone who:
  - Has insurance or other third party coverage, but the coverage is limited;
  - Has been denied third party coverage due to a pre-existing condition;
  - Is eligible for Medicaid, but the service is not covered;
  - Has Medicare and/or Medicaid coverage, but the benefits have been exhausted; or
  - Has been denied welfare assistance due to resources or income, but is in a situation where an illness makes it impossible to meet financial obligation.

3. A Financial Assistance Application is submitted on his or her behalf within 240 days of the date the first post-discharge bill is sent to the patient, or the patient is presumed to be eligible for financial assistance.

- A patient is presumed to be eligible for financial assistance without filing an application only if:
  - The patient is homeless.
  - The patient is deceased and has no known estate able to pay patient’s debt to the Hospital.
  - The patient is currently eligible for Medicaid, but was not eligible at the date of the health care service.
- The patient is enrolled in one of the following assistance programs with eligibility criteria at or below 200% of the federal poverty income guidelines:
  - a. Women, Infant and Children Nutrition Program (WIC);
  - b. Supplemental Nutrition Assistance Program (SNAP);

- c. Illinois Free Lunch and Breakfast Program;
  - d. Low Income Home Energy Assistance Program (LIHEAP);
  - e. Temporary Assistance for Needy Families (TANF);
  - f. An organized community-based program providing access to medical care that assesses and documents limited low income financial status as a criterion for eligibility; or
  - g. A grant assistance program for medical services.
4. He or she submits documentation of personal finances in support of his or her application as may be required under the Financial Assistance Policy.
  5. He or she cooperates with the Hospital in:
    - Providing required documentation and information needed;
    - Applying for other existing financial resources available to patient such as Medicare and Medicaid; and
    - Establishing a reasonable payment plan and making an honest effort to pay the discounted bills.

**B Amount of Financial Assistance.**

1. A patient who is eligible to receive financial assistance under the Financial Assistance Policy will be charged less than the “gross charges” for Emergency or other Medically Necessary Care, and will not be charged amounts in excess of amounts generally billed to individuals who have insurance covering that care.
2. A reduction equal to 100 percent of the gross charges for Emergency Care and Medically Necessary Care is available for uninsured patients with a Family Income (as defined below) at or below 200 percent of the current Federal Poverty Guidelines.
3. A reduction equal to 100 percent of the gross charges will be applied to patients receiving Emergency Care and Medically Necessary Care who are presumptively eligible for financial assistance under Section IV.E of the policy.
4. A reduction equal to 100 percent of the gross charges for Emergency Care only is available for Self-pay Patients (other than uninsured patients), with a Family Income (as defined below) at or below 200 percent of the current Federal Poverty Guidelines.
5. Uninsured patients with a Family Income (as defined below) exceeding 200 percent, but less than or equal to 600 percent, of the Federal Poverty Guidelines, will be eligible

for a significant discount determined in accordance with the Illinois Hospital Uninsured Patient Discount Act.

6. “Family Income” means the sum of a family’s earnings and cash benefits from all sources before taxes, less payments made for child support. When determining the patient’s Family Income, the household size and income includes all immediate family members and other dependents in the household. This includes an adult (and spouse, if applicable), natural or adopted minor children of adult or spouse, students over 18 years of age dependent on the family for over 50 percent support, and any other persons dependent on the Family Income for over 50 percent support.

**C. Contact Information.**

Discounts provided under the Financial Assistance Policy are in addition to other discounts offered by the Hospital. Patients unable to pay for services should consult Hospital financial counselors for assistance with identifying available resources to meet financial obligations.

The Hospital’s Financial Assistance policy, a plain summary of the policy and copies of the Financial Assistance Application Form are available in admission and registration areas. The Hospital’s Financial Assistance policy, Financial Assistance Application Form and financial counselor contact information are also posted on the Hospital’s website at <https://www.swedishamerican.org/patients/financial-assistance-policy>

In addition, a written copy of this policy is provided by mail free of charge upon request.

This policy, a plain language policy summary, the Financial Assistance Application Form, signage and financial counselor contact information are available in English and Spanish.

For further information or assistance with the Financial Assistance Application Form, please contact SwedishAmerican Hospital’s Business Office at (779) 696-7150 or visit 2550 Charles Street, Rockford, Illinois 61108 and see the Receptionist.